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SOMALIA

Increasing Access to Quality Maternal and Child Health Services

Photo credit: Awais Ali



Funding Level: \$1.5m

Duration: Oct. 2017 – Sept. 2018

Activity Goals:

- Increased coverage of health services
- Improved quality of health services through innovative approaches
- Improved informed demand of these health services.

Activity Accomplishments:

- Distribution of 306,000 kits for diarrhea treatment, water treatment, pneumonia and other maternal health products
- 2,700 pregnant women received antenatal care services (ANC)
- 1,900 children vaccinated

Activity Locations:

Somaliland: Togheer, Awdal, Maroodi Jeex regions; Puntland: Karkaar region
Jubaland: Gedo region

Implementing Partner:

Population Services International (PSI)

ACTIVITY OVERVIEW

Through the Support for International Family Planning and Health Organizations 2 (SIFPO2) activity, USAID is implementing a maternal and child health project to increase access to maternal and child health in Somalia through both the private and public health sectors. Together with Health Poverty and Action (HPA), Save the Children and Trocaire, Population Services International (PSI) is leveraging its existing funding with DFID to increase coverage of health services, improve quality of health services through innovative approaches, and improve informed demand of these health services.

ACTIVITY AREAS

Somalia has some of the highest infant, child, and maternal mortality rates in the world. In 2015, the maternal mortality rate was 732 per 100,000 live births and the under-five mortality rate was 137 per 1,000 live births. One in 18 women die in pregnancy or childbirth in Somalia. Contributing to this is lack of access to skilled birth attendants, closely spaced births and adolescent marriages.

Children under five are disproportionately impacted by preventable and treatable diseases. The leading causes of under-five deaths in Somalia are pneumonia (24%), diarrhoea (19%), neonatal disorders (17%), and measles (12%). Immunization coverage is low with less than 50% of children between the ages of 12-23 months receiving measles and Penta 3 in 2015. Only a third of caregivers in Somalia seek care for suspected pneumonia; only 54% in Somaliland, 41% in Puntland, and 47% in south central. Infant and Young Child Feeding (IYCF) practices in Somalia are sub-optimum with early initiation of breastfeeding (within one hour of birth) at 23%, and exclusive breastfeeding (breast milk only for the first 6 months of life) at only 5.3%.

Poor nutrition is also a major concern for pregnant and lactating women and children. Environmental factors and a high number of internally displaced people play a major role in causing the unchanged malnutrition rates since 2007, with more than 1.5 million children suffering from acute malnutrition (UNICEF 2017).

ACTIVITY IMPACT

The SIFPO2 approach in Somalia is implemented through both the public and private sector.

Public sector: Maternal health services are underway in 118 selected villages in the Gedo region of Jubaland, Karkaar region in Puntland, and Sahil region in Somaliland. Ten of these villages are on the coast and

Key Partners:

Health Poverty and Action (HPA)

Save the Children

Trocaire

another 26 are along rivers. They are only accessible by boat ambulance and have never received basic health services before.

Health teams were selected in consultation with the Ministries of Health and Regional Medical Officers, and have been trained on all the services they are providing through this activity.

Almost 2,700 women have already received Antenatal Care (ANC), 1,900 children have been immunized, and close to 800 children were treated for diarrhea. Trained nurses are giving general consultations to pregnant and lactating women (PLW) and providing nutritional services to children under the age of five.

Currently, SIFPO2 is planning a mass media campaign that reaches a wider audience through radio and TV. Two programs are scheduled to air in August 2018: one will cover diarrhea, pneumonia and birth spacing, and the other will educate mothers about antenatal care, postnatal care and maternal nutrition.

In addition, the activity is also supporting the Ministry of Health (MOH) with developing its operational plan for their Health Sector Strategic Plan. This assistance is intended to help the MOH to develop a performance tracking framework of their Strategic Plan.

Private sector: PSI provides basic maternal and child health services through 12 private health facilities in Hargeisa, Somaliland. To date 306,000 water treatment kits, diarrhea and pneumonia treatment kits, and other maternal health products have been distributed in Togdheer and Awdal regions of Somaliland.

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